## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1995

**Application or Docket Number** 

636206

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                                                                                                                                                                                                               |                                                      |                             |                                    |                   |            |                                     |                  |                    | SMALL ENTITY       |                        |                     | OTHER THAN OR SMALL ENTITY |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------|------------------------------------|-------------------|------------|-------------------------------------|------------------|--------------------|--------------------|------------------------|---------------------|----------------------------|------------------------|
| FOR                                                                                                                                                                                                                                                                                                                                                                                                          |                                                      |                             | NUMBER FILED                       |                   |            | (Column 2) NUMBER EXTRA             |                  |                    | RATE               | FEE                    | OR                  | RATE                       | FEE                    |
| PACIC EEE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                             |                                    |                   |            |                                     |                  |                    |                    | 8                      | -                   |                            |                        |
| BASIC FEE TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                       |                                                      |                             | (1/2/53)                           |                   | <u> </u>   | *                                   |                  |                    |                    | 375.00                 | OR                  | 23/                        | 750.00                 |
| _                                                                                                                                                                                                                                                                                                                                                                                                            | EPENDENT CL                                          | AIMC                        | minus 20 =                         |                   |            |                                     | <del> </del>     | -                  | x\$11=             |                        | OR                  | x\$22=                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                              | <del></del>                                          |                             | AIM DDD                            |                   | us 3 =     | *                                   |                  |                    | x39=               |                        | OR                  | x78=                       |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                                                                                                                                                             |                                                      |                             |                                    |                   |            |                                     |                  | ן נ                | +125=              |                        | OR                  | +250=                      |                        |
| i il t                                                                                                                                                                                                                                                                                                                                                                                                       | he difference in c                                   | olumn 1 is                  | less than zero, enter "0" in colum |                   |            | n 2                                 |                  |                    | TOTAL              |                        | OR                  | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                                                                                  |                                                      |                             |                                    |                   |            |                                     |                  |                    |                    | • • • •                | ОТНЕ                | R THAN                     |                        |
| (Colu                                                                                                                                                                                                                                                                                                                                                                                                        |                                                      |                             | mn 1)                              | W. S. C. C. S. L. | -          | olumn 2)                            | (Column 3)       | ٠.                 | SMALL              | ENTITY                 | OR                  |                            | ENTITY                 |
| AMENDMENT A                                                                                                                                                                                                                                                                                                                                                                                                  | 114                                                  | REMA<br>AFI<br>AMENI        | INING<br>FER                       |                   | NI<br>PRE  | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA |                    | RATE               | ADDI-<br>TIONAL<br>FEE |                     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                              | Total                                                | * (                         | <u>X</u> _                         | Minus             | **         | 20                                  | =                |                    | x\$11=             |                        | OR                  | x\$22=                     | 1                      |
|                                                                                                                                                                                                                                                                                                                                                                                                              | Independent                                          | *                           | 8                                  | Minus             | ***        | 3                                   | =                |                    | x39=               |                        | OR                  | x78=                       | 390                    |
|                                                                                                                                                                                                                                                                                                                                                                                                              | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM       |                             |                                    |                   |            |                                     |                  |                    | +125=              |                        | OR                  | +250=                      | 0 10                   |
|                                                                                                                                                                                                                                                                                                                                                                                                              | (Column 1) (Column 2) (Column 3)                     |                             |                                    |                   |            |                                     |                  | Al                 | TOTAL<br>DDIT. FEE |                        | OR                  | TOTAL<br>ADDIT. FEE        | 1140                   |
| 2                                                                                                                                                                                                                                                                                                                                                                                                            |                                                      | CLA<br>REMA<br>AFT<br>AMEND | ining<br>Er                        |                   | NL<br>PRE  | GHEST<br>IMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA |                    | RATE               | ADDI-<br>TIONAL<br>FEE |                     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                              | Total                                                | . 1                         | 5                                  | Minus             | **         | <u> </u>                            | =                |                    | x\$11=             |                        | OR                  | x\$22=                     |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                              | Independent                                          | * {                         | 3                                  | Minus             | *** 5      | 5                                   | =                |                    | x39=               |                        | OR                  | x78=                       |                        |
| ٨                                                                                                                                                                                                                                                                                                                                                                                                            | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM       |                             |                                    |                   |            |                                     |                  |                    | +125=              |                        | OR                  | +250=                      |                        |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                             |                                                      |                             |                                    |                   |            |                                     | _ <b>L</b>       | TOTAL<br>DDIT. FEE |                    | OR                     | TOTAL<br>ADDIT. FEE |                            |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                              |                                                      | CLA                         |                                    |                   | <u>`</u>   | HEST                                | (Column 3)       | )<br> <br>         | JUIT. TEE          |                        | ,<br>               | ADDIT. FEE                 |                        |
| AMENDMENTC                                                                                                                                                                                                                                                                                                                                                                                                   |                                                      | REMAI<br>AFT<br>AMEND       | NING<br>ER                         |                   | NU<br>PRE\ | MBER<br>/IOUSLY<br>D FOR            | PRESENT<br>EXTRA |                    | RATE               | ADDI-<br>TIONAL<br>FEE |                     | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                                                                                                              | Total                                                | · C                         | 1                                  | Minus             | ** (2      | O                                   | =                |                    | x\$11=             |                        | OR                  | x\$22=                     | <del></del>            |
|                                                                                                                                                                                                                                                                                                                                                                                                              | Independent                                          | *                           | 8                                  | Minus             | ***        | 8                                   | =                |                    | x39=               |                        | OR                  | x78=                       |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                              | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +125= |                             |                                    |                   |            |                                     |                  |                    |                    |                        | OR                  | +250=                      | -                      |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                      |                             |                                    |                   |            |                                     |                  |                    |                    |                        | OR ,                | TOTAL                      |                        |